2002 UNIFORM BUSINESS REPORT (UBR)

May 29, 2002 8:00 am Secretary of State **DOCUMENT #** P97000073684 1. Entity Name 05-29-2002 90685 020 ***159.00 Y & M DRYWALL, INC. Principal Place of Business Mailing Address 821 7TH STREET SW 821 7TH STREET SW NAPLES FL 34117 NAPLES FL 34117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3464056 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEWART, JAMES C JR Street Address (P.O. Box Number is Not Acceptable) -----2121 COUNTY ROAD 951 SUITE 101 **GOLDEN GATE FL 34116-6543** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 3. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE PD ☐ Delete TITLE Change ☐ Addition CATALAN, MARCELO NAME NAME 821 7TH STREET SW STREET ADDRESS STREET ADDRESS NAPLES FL 34117 CITY-ST-ZIP CITY-ST-ZIP VTSD Change ☐ Addition TITLE ☐ Delete TITLE NAME Tejada, Yanira i NAME 821 7TH STREET SW STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP NAPLES FL 34117 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE

changed, or on an attachment with an address

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4)25/02 (941) 352-2563

FILED